

PART B - FEE(S) TRANSMITTAL

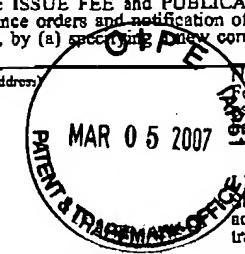
Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21901 7590 12/05/2006

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MAR 05 2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

April Turley	(Depositor's name)
April Turley	(Signature)
March 5, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,983	08/16/2004	Rahul Agarwal	1372.186.PRC	9389

TITLE OF INVENTION: CORNER CUBE RETROREFLECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	03/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHERRY, BUNCHA P	2872	359-529000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Smith & Hopen, P.A.</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 <u>Molly L. Sauter</u>
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of South Florida

Tampa, Florida

700.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Isaac Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date March 5, 2007

Typed or printed name Thomas E. Toner

Registration No. 57,422

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Molly Sauter
Attn:	Mail Stop Issue Fee	Client:	1372.168.PRC
Fax:	(571) 273-2885	Pages:	4 including coversheet
Phone:		Date:	March 5, 2007
Re:	USSN: 10/710,983	CC:	University of South Florida

Urgent For Review Please Comment Please Reply Please Recycle

Dear Sir or Madam:

In response to the Notice of Allowance mailed December 5, 2006, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated March 5, 2007 (1 page);
- 2) Form PTOL-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$700.00 (1 page).

Very respectfully,

Molly Sauter
Reg. No. 46,457

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/710,983 Confirmation No.: 9389
 Applicants: : Rahul Agarwal
 Filed: : 08/16/2004
 TC/A.U. : 2872
 Examiner : Euncha P. Cherry
 Docket No. : 1372.186.PRC
 Customer No. : 21,901
 For : Corner Cube Retroreflector

Faxed to (571) 273-2885
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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a)):

Fee

Application status is Small Entity—fee: \$700.00

3. Payment of fee:
Enclosed please find Credit Card Payment Form PTO-2038 for \$700.00

SIGNATURE OF PRACTITIONER

Molly Sauter
 180 Pine Avenue North
 Oldsmar, Florida 34677
 Customer No.: 21,901

CERTIFICATE OF FACSIMILE TRANSMISSION
 (37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (571) 273-2885 on March 5, 2007.

Dated: March 5, 2007

April Turley